

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	8/5
FORMALITY REVIEW	T.A.	TC 844	05/18/01
RESPONSE FORMALITY REVIEW	SG	1077	9/19/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original 10/14	
1	
2	
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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